DRAFT MINUTES

Name of Meeting: Drug Utilization Review Board

Date of Meeting: Thursday, August 12, 2004

Length of Meeting: 2:20 PM – 4:30 PM

Location of Meeting: DMAS 11A Conference Room

Members Present:
Bill Rock, PharmD
Kelly Goode, PharmD
Geneva Briggs, PharmD
Jason Lyman, MD

(Not present: Elaine Ferrary, MS, Thomas Moffatt, MD, Jennifer Edwards, PharmD, Jane Settle, NP, Sandra Dawson, R.Ph, Robert Friedel, MD, Matthew Goodman, MD, Catherine Kelso, MD, Mark Johnson, PharmD)

DMAS Attendees:
Bryan Tomlinson, Director Health Care Services
Javier Menendez, R.Ph
Maryanne Paccione, IM Contractor (DMAS)
Tyrone Wall
Rachel Cain, PharmD
Wayne Turnage, Director of Policy and Research Division
Kelly Gent
Katina Goodwyn, Pharmacy Contract Monitor

Contractor: Donna Johnson, R.Ph, First Health Services Corporation

Visitors:
Becky Snead, R.Ph, VA Pharmacist Association
John D. Ostrosky, Pfizer
Cindy Kraus, Bristol Myers Squibb
Paul Chen, Glasko Smith Kline
Carl Tullio, Pfizer
Nick Paelle, Pfizer

Chair Geneva Briggs called meeting to order, the guests were asked to introduce himself or herself.

Evaluation of Virginia's Preferred Drug List: 2nd Quarter Interim Report

Policy and Research Division

Department of Medical Assistance Services **June 22, 2004**

Presentation Outline

- ☑ **Components of Evaluation For This Report**
- ☐ PDL Process: Movement of Prescriptions
- ☐ PDL Process: Inside Prior Authorization
- ☐ Preliminary Budget Savings
- ☐ Next Steps
- ☐ Conclusions

Study Components For This Interim Report

- Two major issues provide the framework for this second quarter interim report:

  1. First Health's implementation of the PDL program including a focus on the prior authorization process for non-preferred drugs

  2. The impact of the PDL program on the agency's budget and whether there is early evidence of pharmacy savings

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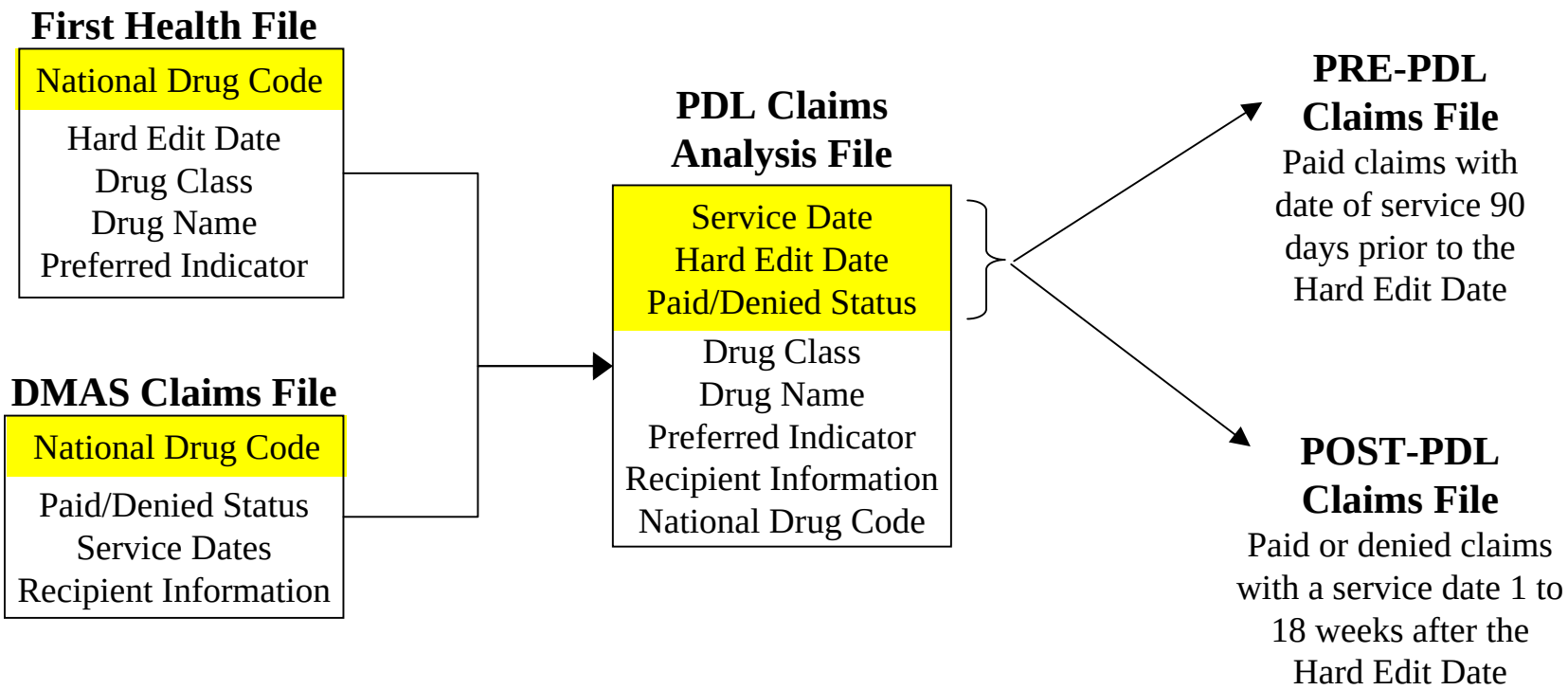
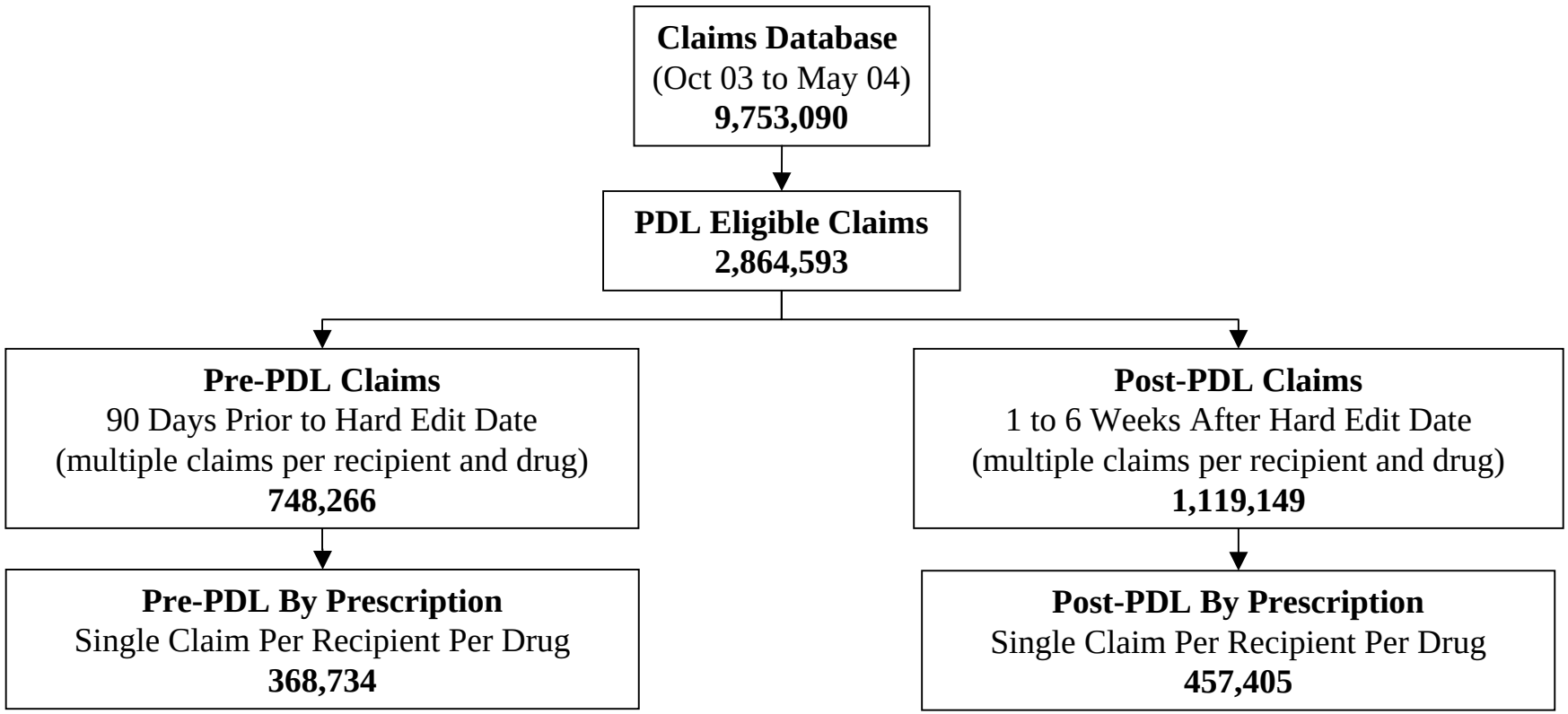
Dataset To Track The Movement of Prescriptions Under PDL Must Account For Numerous Outcomes

	Pre-PDL	Post-PDL Prescription Activity	Outcome	Status of Drug Claim
1	Patient was on non-preferred drug	Doctor changes prescription to preferred drug	Prescription is filled	Drug claim paid
2	Patient was on non-preferred drug	Prescription written for non-preferred drug and doctor requests PA	First Health or DMAS appeals officer approves the non-preferred drug	Drug claim paid
3	Patient was on non-preferred drug	Doctor requests prior authorization for approval of non-preferred drug	Request denied and no prescription filled at time data are analyzed	No drug claim found
4	Patient was on non-preferred drug	No denial or approval found in system	No prescription filled	No drug claim found
5	Patient was on preferred drug	Prescription written for preferred drug	Prescription is filled	Drug claim paid
6	Patient was on preferred drug	No denial or approval found in system	No prescription filled	No drug claim found

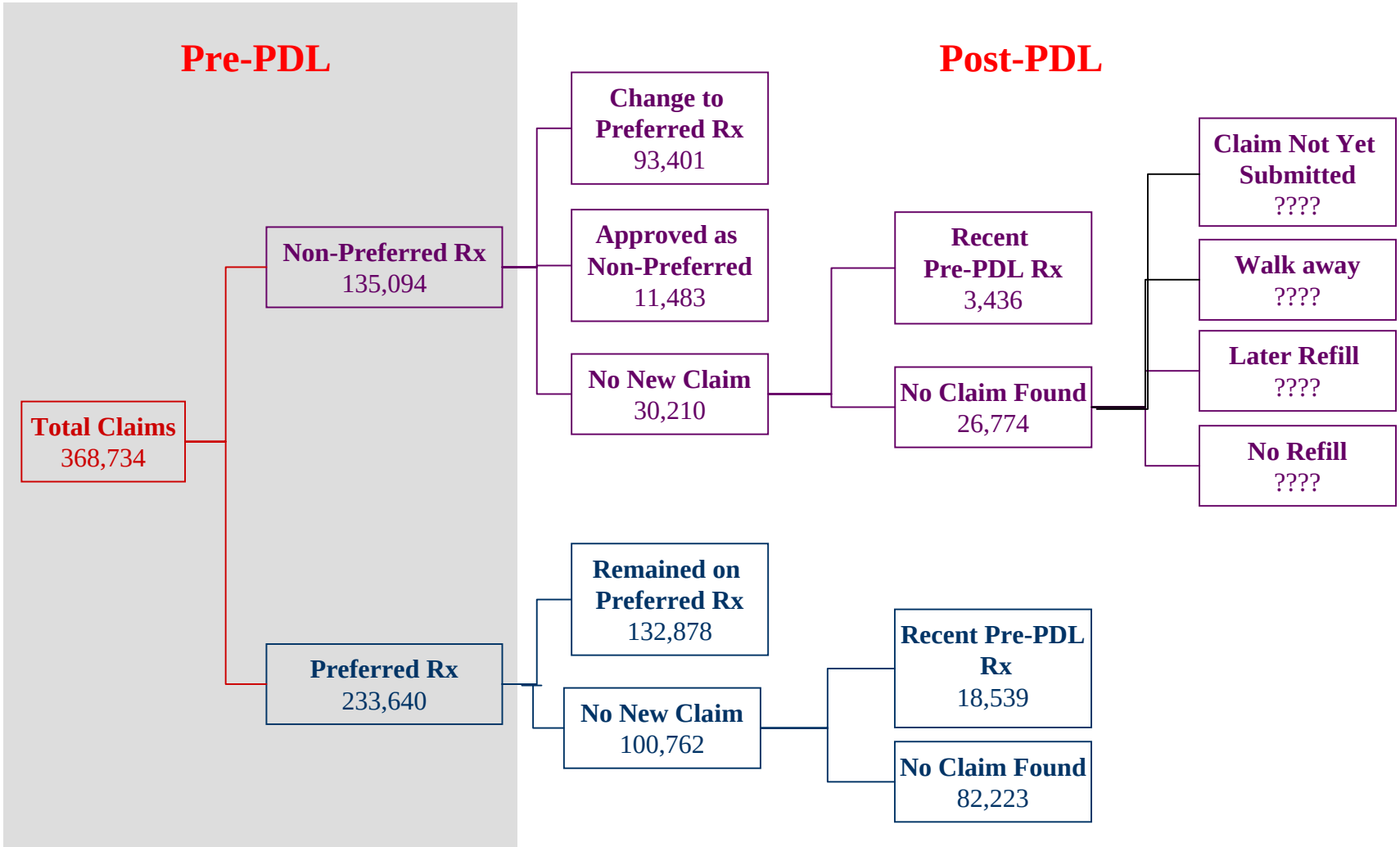
The First Health National Drug Code File (With PDL Indicator) and DMAS Claims Data Were Used To Create PDL Analysis File



Drug Claims For This Report Were Selected From Files Containing Over Nine Million Records And Nearly 2.9 Million PDL-Eligible Claims



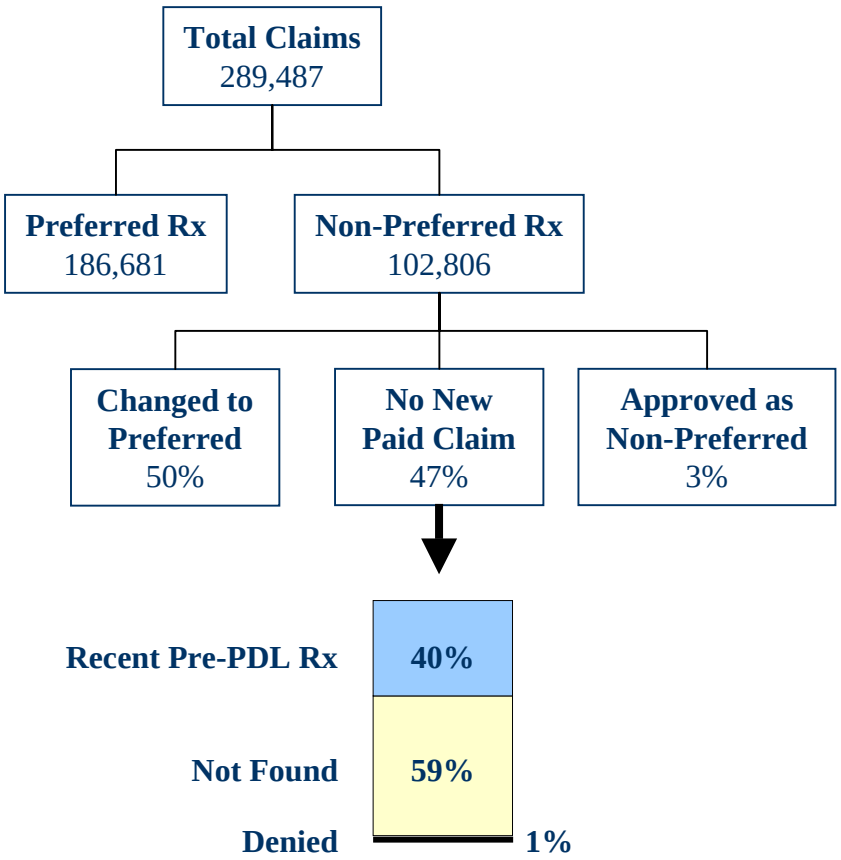
DMAS Policy and Research Staff Tracked The Movement of More Than 368,000 Drug Claims In The PDL System



Large Numbers Of Persons On Non-Preferred Drugs Continue To Move To The Preferred Drugs

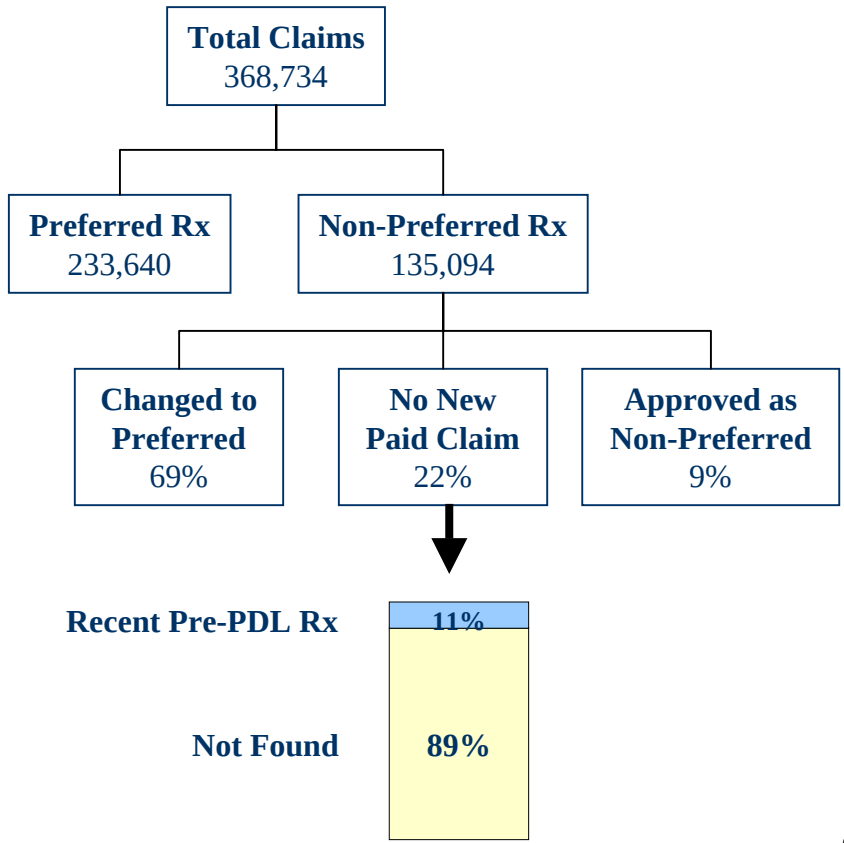
First Phase of PDL

(October 2003 through February 2004)



Second Phase of PDL

(Cumulative through May 2004)



Calculating Compliance Rates: Method One

(Includes Persons Originally Using Preferred Drugs)

Bolded black boxes represent PDL compliance **Compliance Rate = (Black/(Blue+Black))**

Red boxes not used to calculate compliance

	Pre-PDL	Post-PDL Prescription Activity	Outcome	Status of Drug Claim
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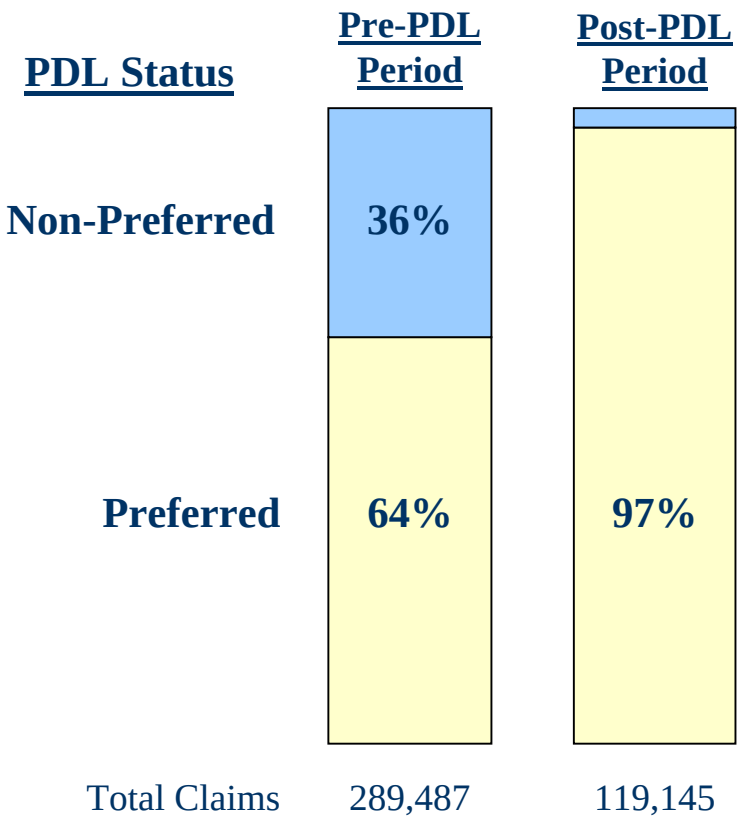
PDL Compliance Rate Is High When Calculated Using Method One

(Includes Persons Originally Using Preferred Drugs)

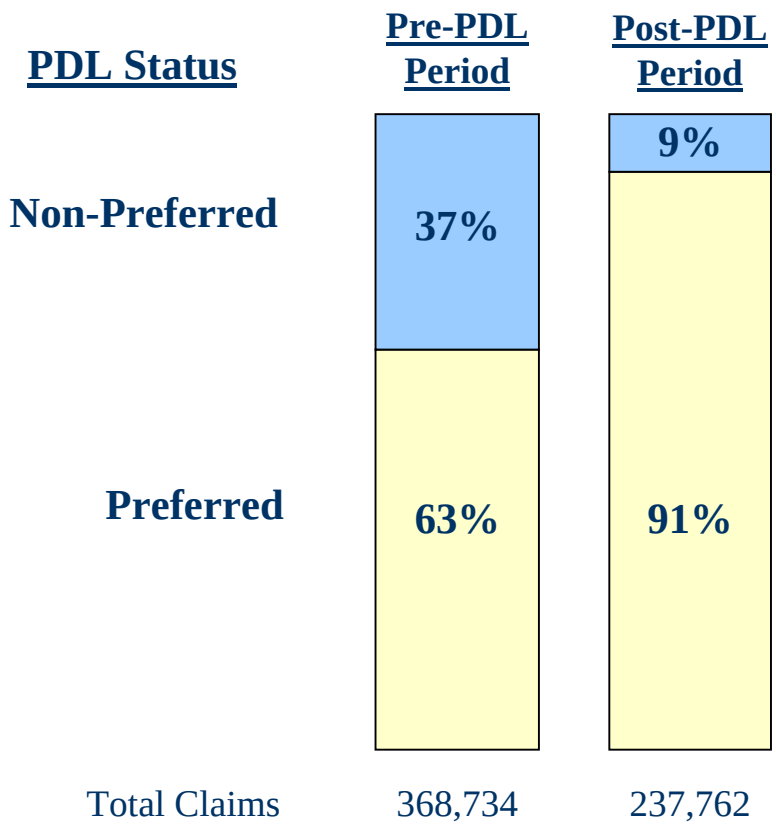
First Phase of PDL

(October 2003 through February 2004)



Second Phase of PDL

(Cumulative Ending May 2004)



Calculating Compliance Rates: Method Two

(Excludes Persons Originally Using Preferred Drugs)

Bolded black boxes represent PDL compliance **Compliance Rate=(Black/(Blue+Black))**

Red boxes not used to calculate compliance

	Pre-PDL	Post-PDL Prescription Activity	Outcome	Status of Drug Claim
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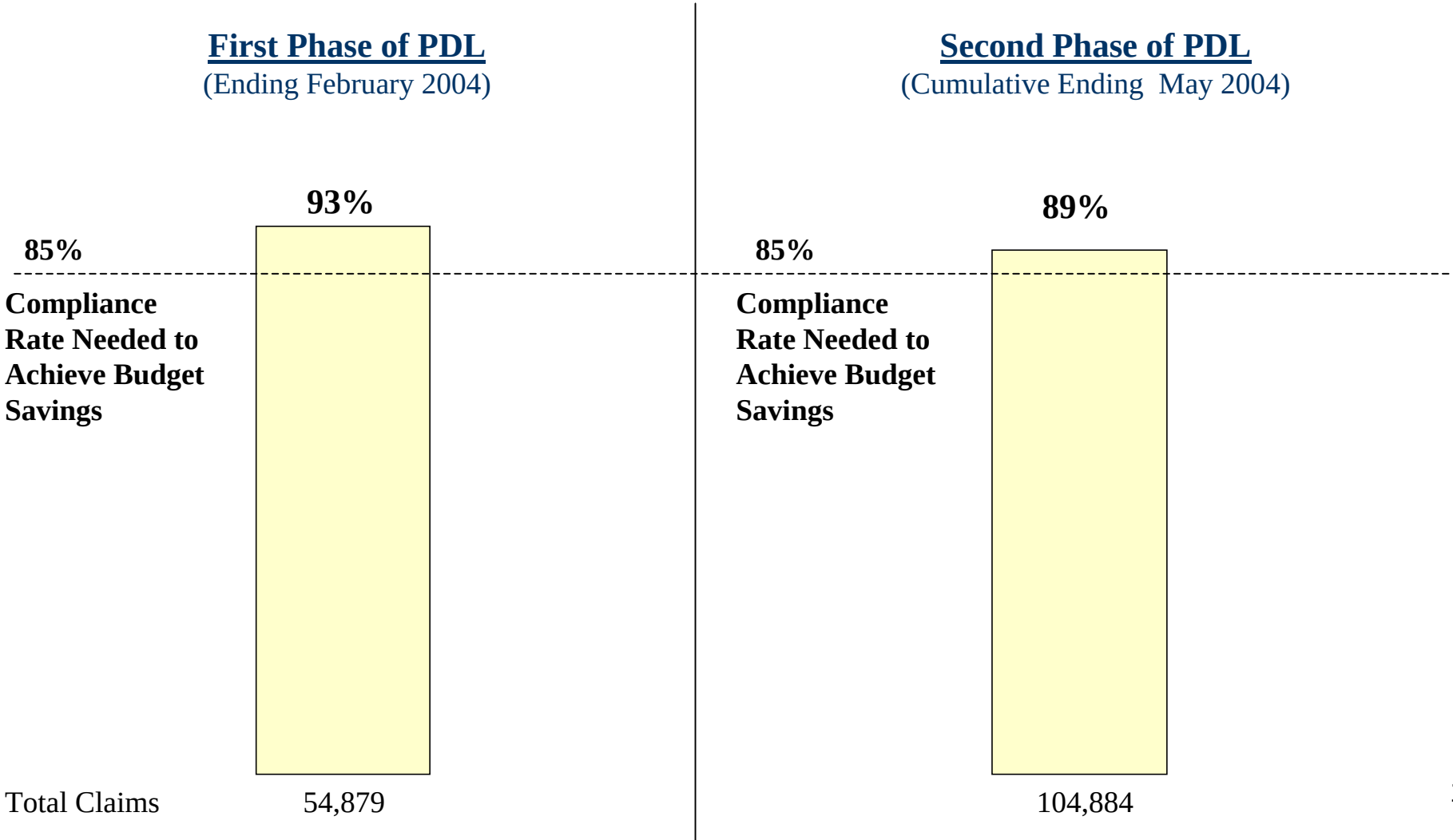
Compliance Rate Is Also High Using Method Two, Exceeding The Level Believed Necessary To Meet Budget Target

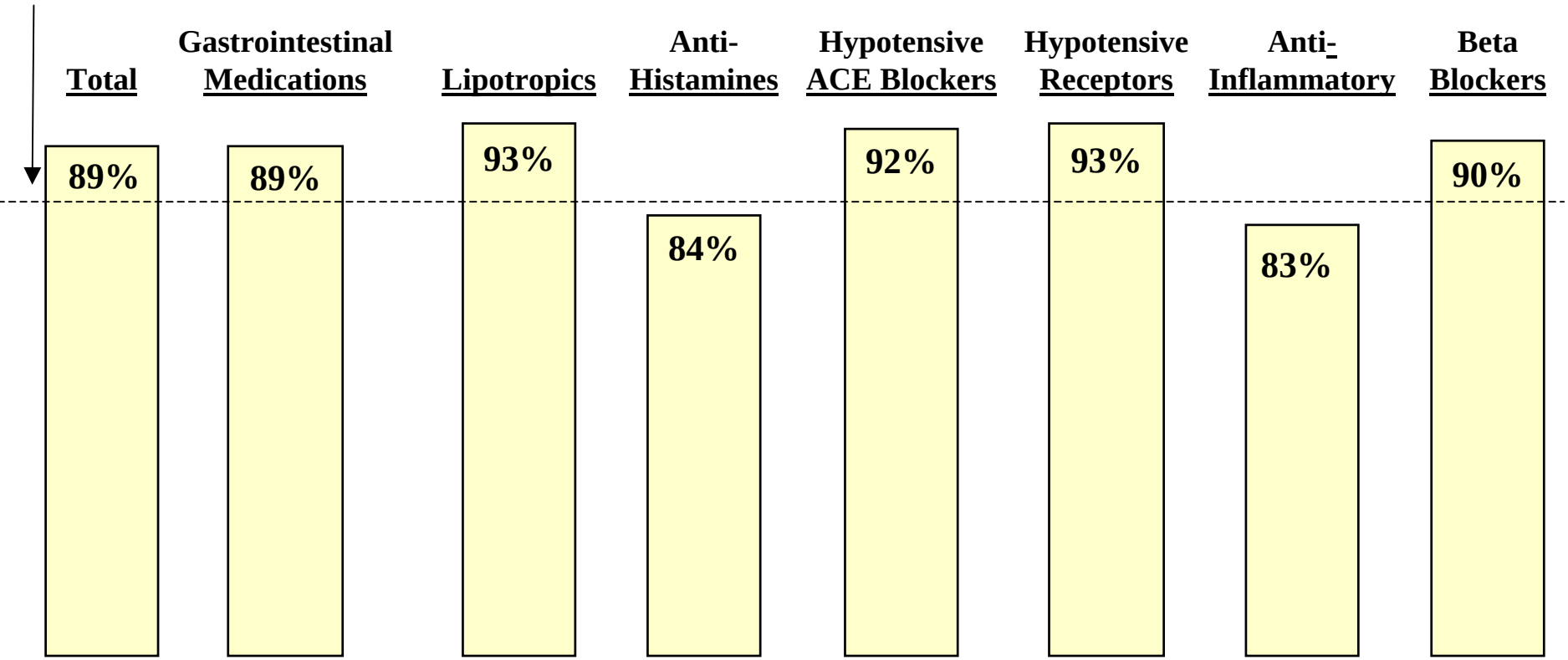
(Excludes Persons Originally Using Preferred Drugs)



Using Method Two There Are Statistically Significant Differences In Compliance Rates Across Therapeutic Classes But Levels Remain High

(Excluding Persons Originally On Preferred Drugs)

85% Compliance Level Needed For Budgeted Savings



Notes: The chi-square value of 2368.04 is significant at a .0001 level of significance. Data reported separately for seven most prescribed therapeutic classes. Compliance rates for other selected classes were: 70 percent for Oral Hypoglycemic -- NonSulfonylurea; 82 percent for Oral Hypoglycemic – Sulfonylurea; 80 percent for anti-migraine; 93 percent for Nose Preps; and 96 percent for Bone Ossification.

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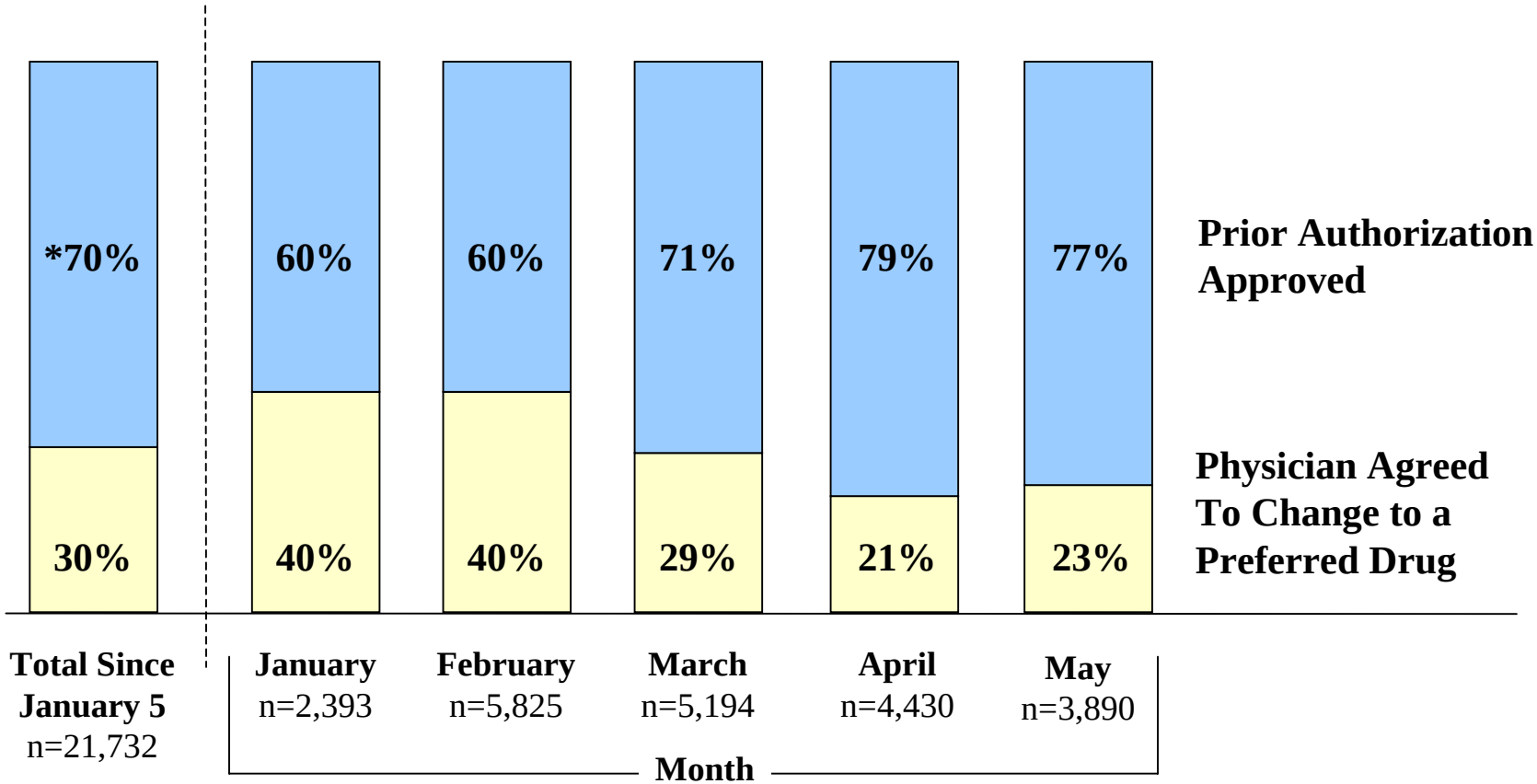
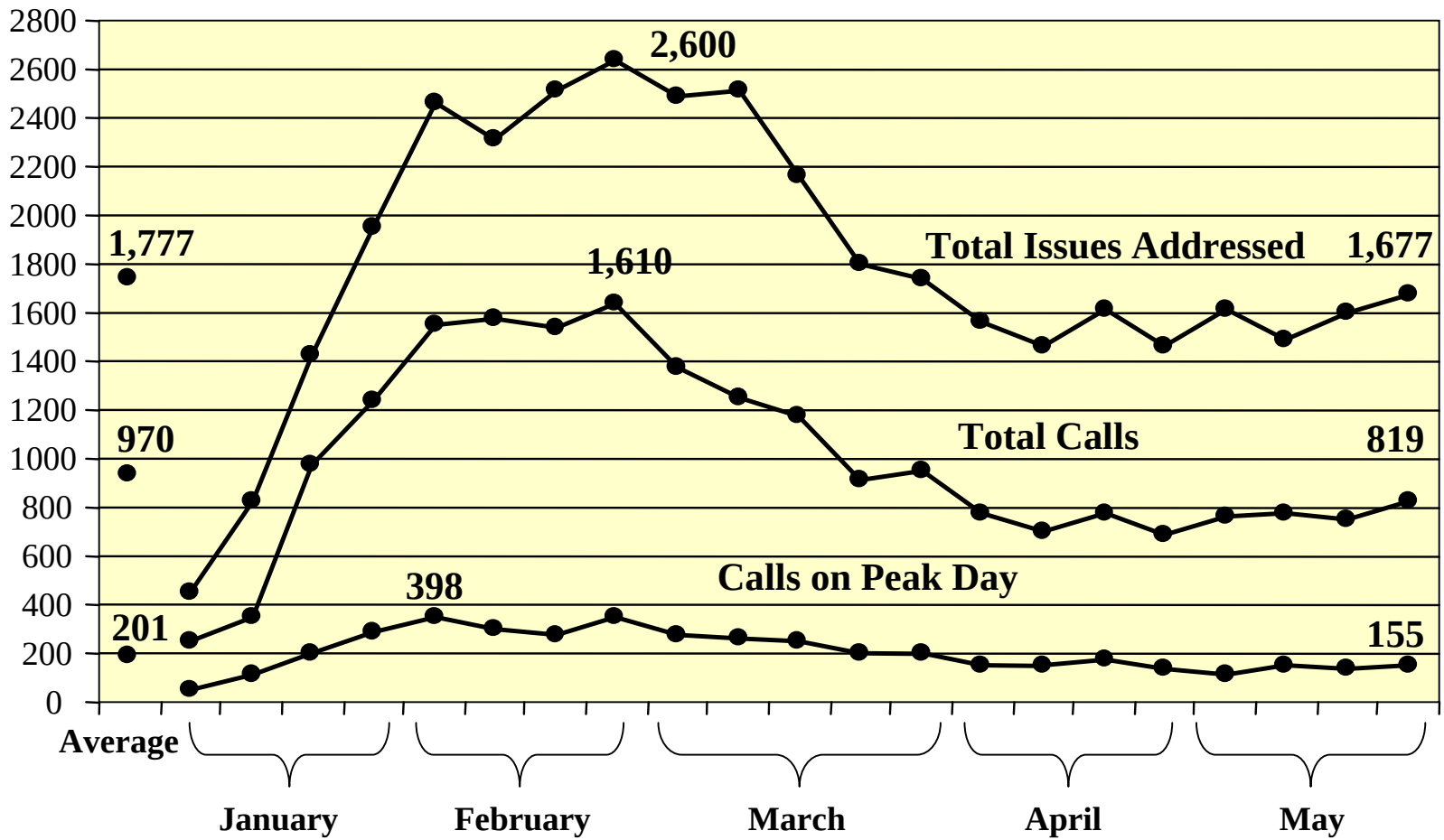
Seventy Percent Of All Requests For Prior Authorization Have Been Granted – There Were No Denials As The Remaining 30 Percent Were Switched To A Preferred Drug

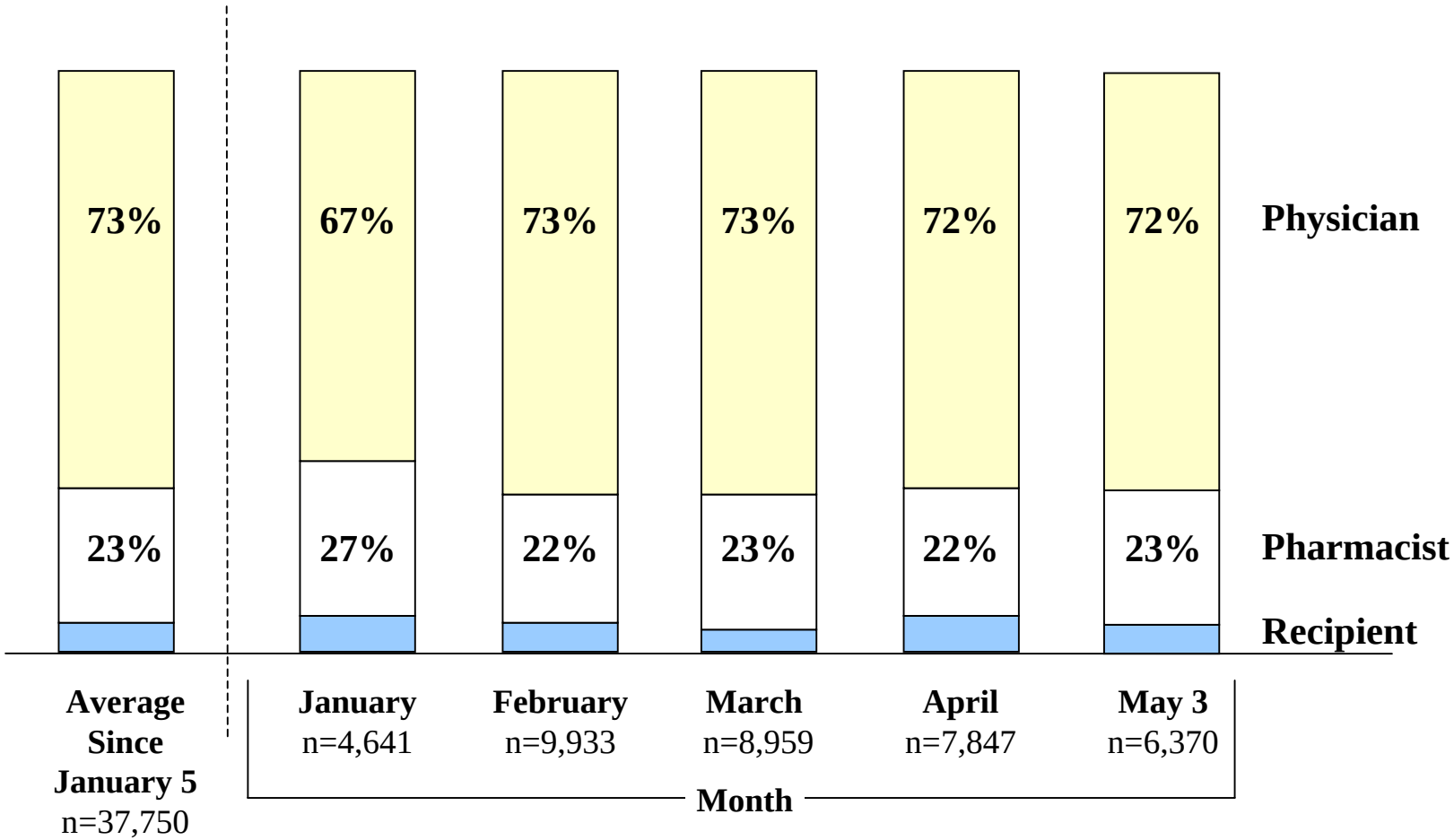


*The number of approved PA approvals reported here is 3,729 claims higher than the number reported on page 8. This difference is likely due to timing differences between when a request is approved and when the claim is actually paid.

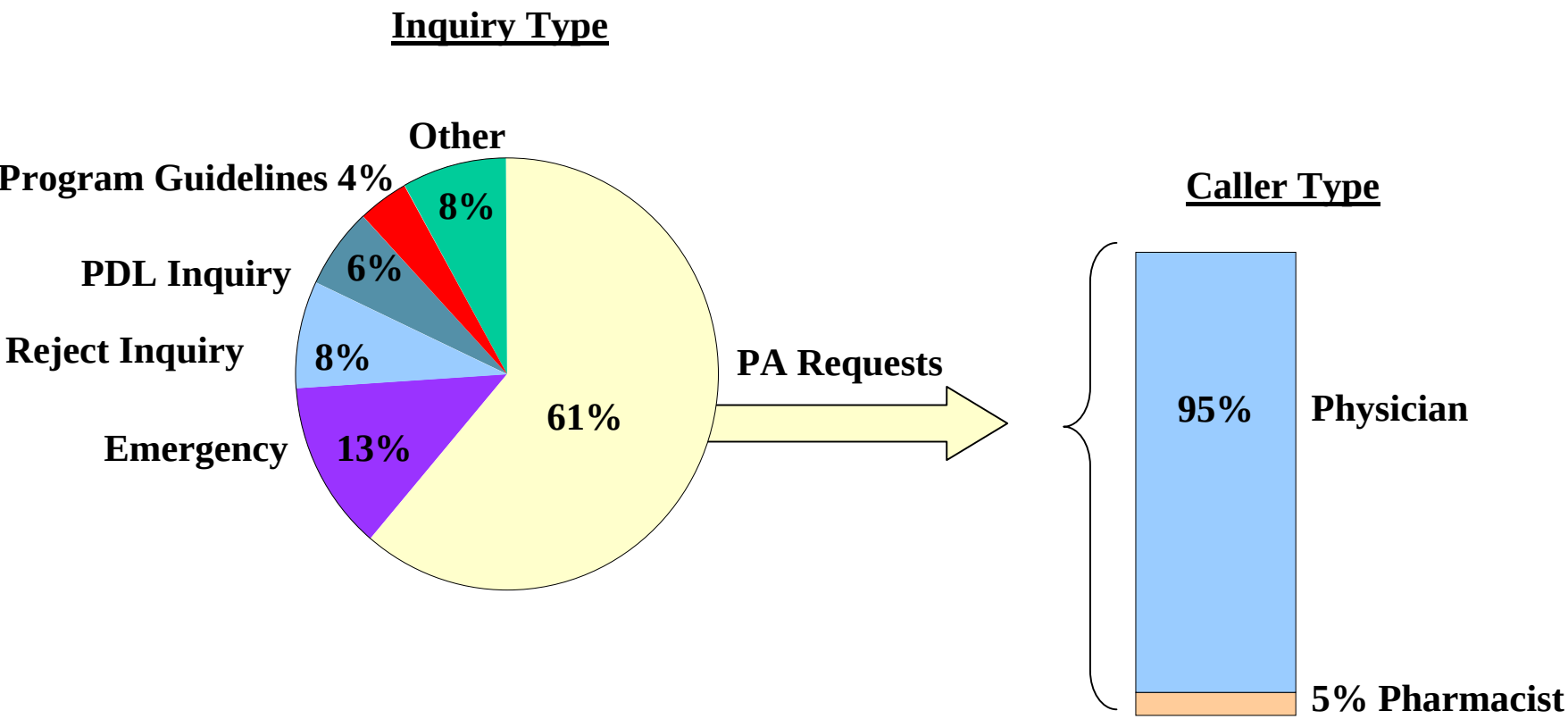
Activity At First Health's Call Center Has Begun To Level Off



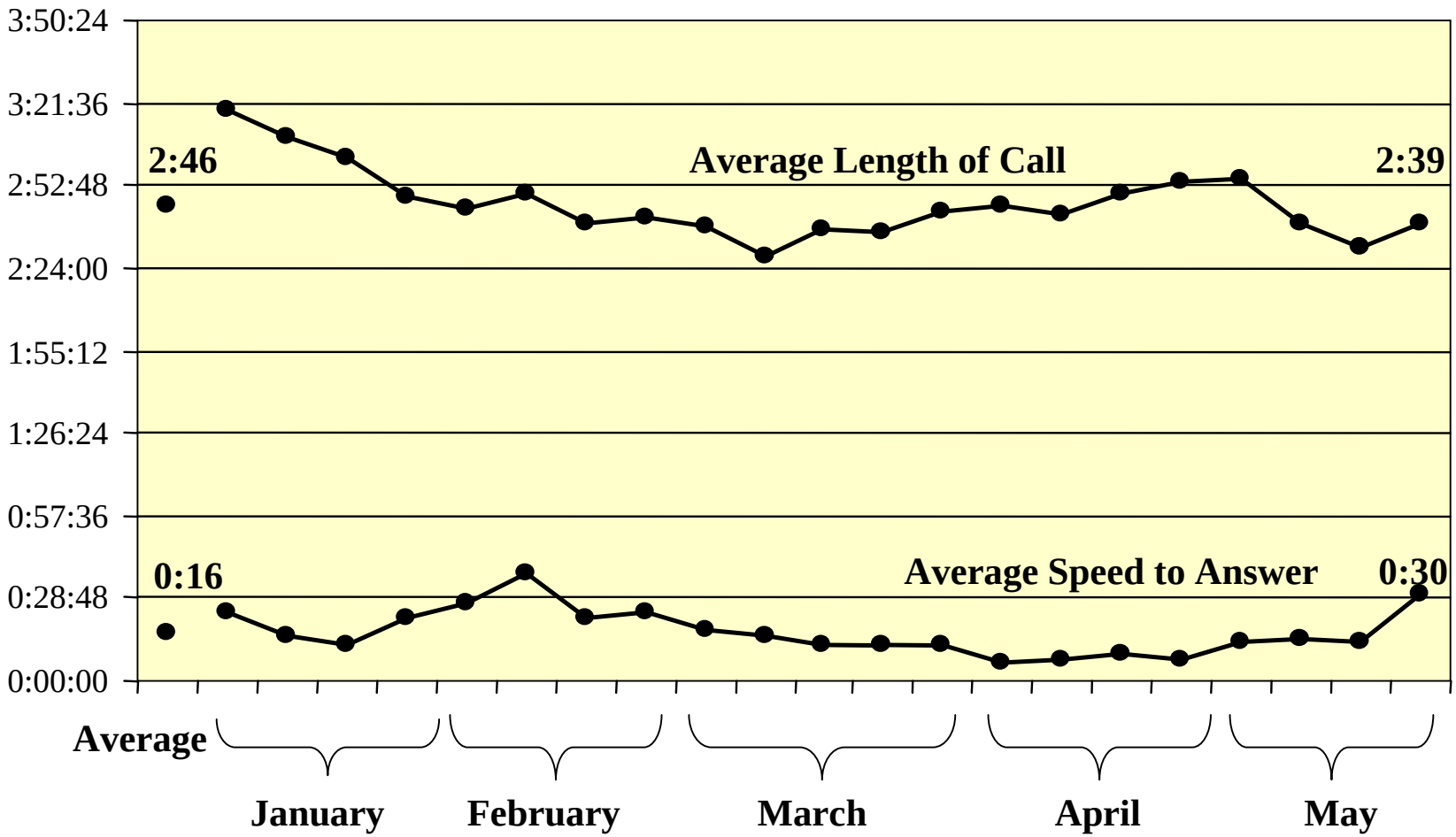
Most Calls To The Center Continue To Be Made By Physicians



These Calls Typically Involve Requests For Prior Authorization



First Health Continues To Handle Calls Expeditiously



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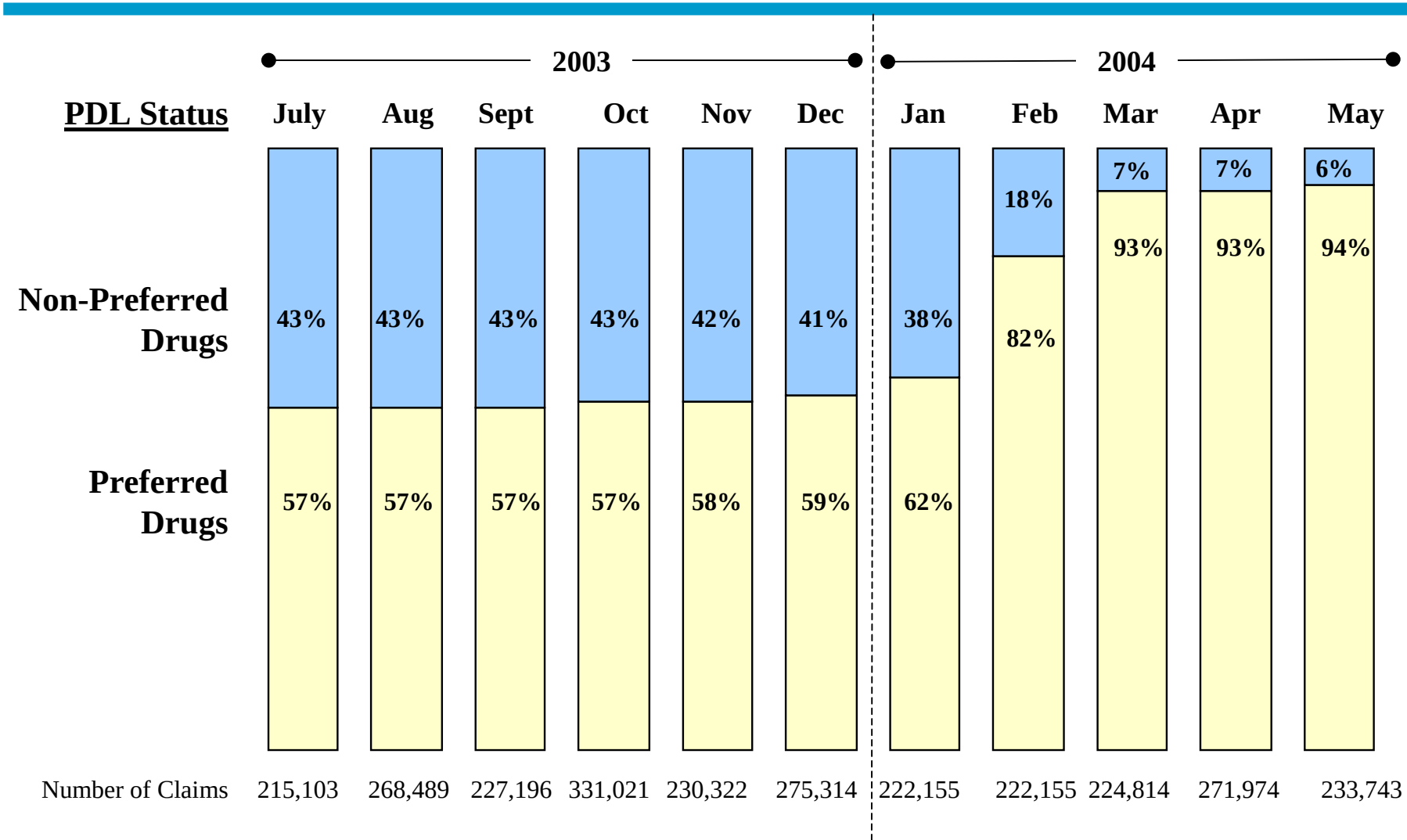
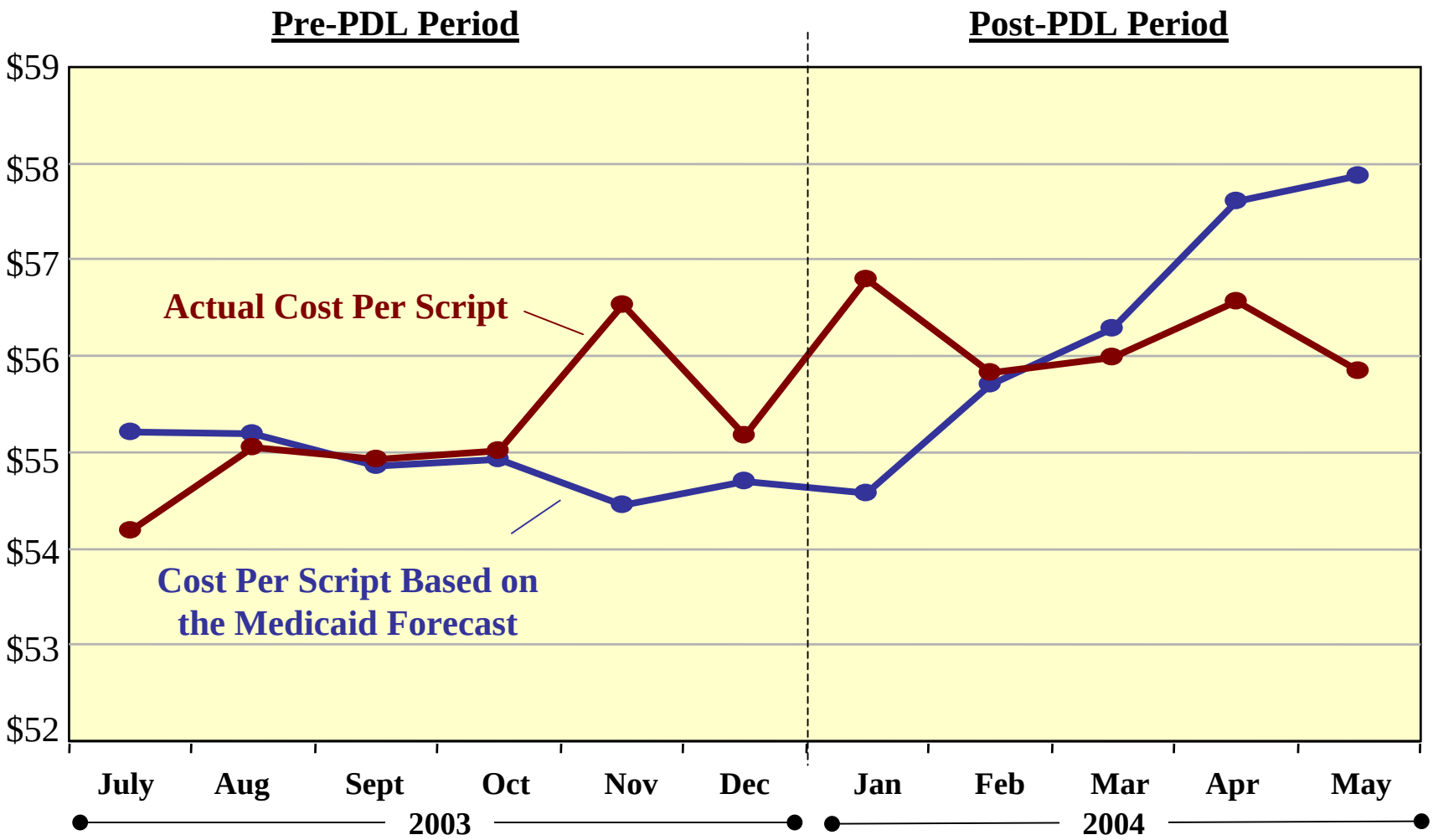
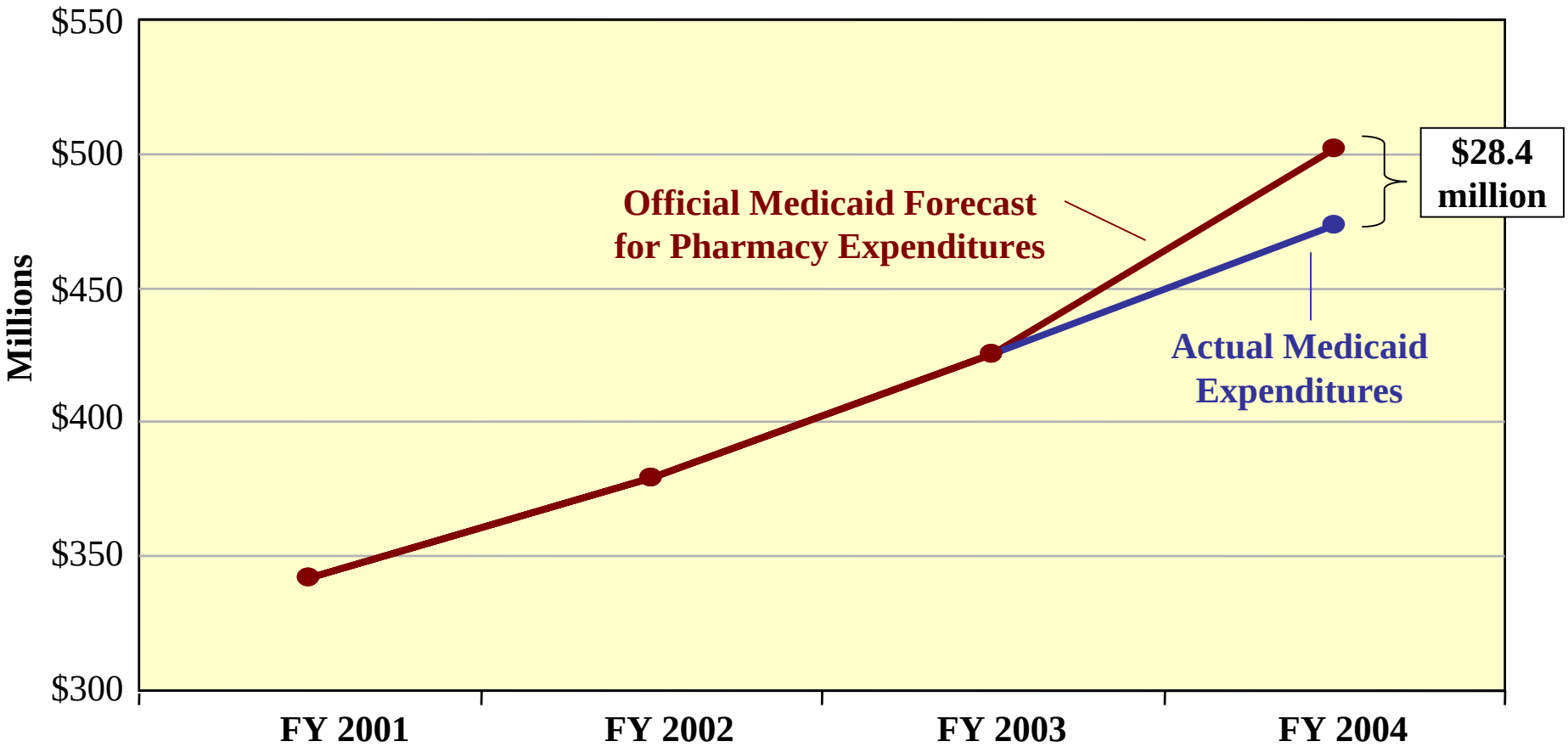
Market Share Has Shifted Significantly Under The PDL Program



The Cost Per Script Has Decreased Below the Projected Amount Since PDL Implementation



Actual Medicaid Pharmacy Expenditures Are Significantly Below DMAS' Official Forecast



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Other Components of Budget Impact Study

- Update and refine estimate of savings that can likely be attributed to the PDL
- Analyze savings among eligibility groups.
- Finalize selection of control group for health impacts study

Study Report Schedule

Scheduled Report Dates and Frequency of Reporting

Research Component	Next Report Date	Report Frequency
PDL Process Review	Mid-October	Quarterly
PDL Budget Impact	Late-December	Semi-Annually
PDL Health Impacts	Late-December	Semi-Annually

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Conclusions

- Study results of the early implementation of PDL in Virginia continue to be favorable:
  - PDL compliance rate is high and most changes are being made voluntarily
  - Patients are not being denied drugs
  - The Call Center is working well
  - Early findings on market shift and comparisons of actual pharmacy spending to forecasted expenditures suggest the program is saving the Commonwealth money
- More conclusive findings on the impact of PDL on pharmacy savings will be developed later this year.

Minutes from May, 2004 were corrected and approved.

Wayne Turnage gave a presentation on PDL Evaluation Review which can be found on the web site at www.dmas.virginia.gov.

New Drugs

Symbyax®- Added hyperglycemia under adverse effects and will also add to drug to disease interactions. Dr. Friedel was not present to comment further on the interactions between this drug and bipolar patients. FHSC will make correction of a clinical information typo on table two page three HD3:>60mg/d;>5yr<18yr.

Ketek®-Telithromycin(Ketek) falls into a new class similar to Erythromycin which targets community acquired pneumonia and sinusitis. One of the advantages of Telithromycin is that it is more effective against bugs that are resistant to other Macrolides. There was much discussion about its effect on QT interval prolongation and the fact that this drug should be avoided in patients with congenital prolongation of the QTc interval, and in patients with ongoing proarrhythmic conditions such as uncorrected hypokalemia or hypomagnesemia, clinically significant bradycardia and in patients receiving Class IA (e.g. quinidine and procainaminde) or Class III (e.g., dofetilide) antiarrhythmic agents.

Spiriva®- Those who were present felt no changes were required and there was very little discussion.

Antipsychotic Criteria

Typical Antipsychotics- Table 1 containing the first generation typical antipsychotics was reviewed and the following concerns were discussed;

Therapeutic Duplication (TD)- The only other TD would be another Typical Antipsychotic…..

Donna reviewed definitions of PA-Patient Age Restrictions, HD1 Regular person high dose, HD2 high dose in elderly greater than 65, and HD3 high dose in children for the committee.

Atypical Antipsychotics- Table 2 containing the second generation Atypical antipsychotics were discussed. The committee felt that no changes were needed.

Beers Criteria Review Report

One thousand medication profiles were generated for all Medicaid enrollees 65 years and older who were expected to any of the Beers criteria. Letters were sent to prescribers for 466 Medicaid enrollees. There were 731 criteria interventions in a total of 533 letters sent to prescribers whose patients are receiving medication or dosage that are potentially inappropriate for them. Many of the letters contained more than one criteria intervention. Furthermore, many of the enrollees had letters sent to more than one prescriber. The preliminary response report had a 42% response rate. Out of the 533 letter sent out 225 responses were received. Many providers are aware and feel their prescribing habits are appropriate. Another larger part of the provider is flagging, monitoring, counseling, and some are discontinuing the drugs.

ProDUR Reports

The committee reviewed the early refill alert cost savings for retail claims. Overall the early refill edit is going well since the long-term care pharmacies were excluded and the majority are only the retail pharmacies. It was reported that First Health received eight to nine thousand denials per week which averages to about 300 to 400 calls for overrides. The committee questioned whether those recipients who received overrides can be tracked and when they returned for a refill. Donna suggested following ten recipients for a period of time to track and see if they are returning for refills.

RetroDUR Reports

Atypical Antipsychotic Therapeutic Duplication- The focus of this RetroDUR review was to evaluate patients who are taking more than one atypical antipsychotic medication. A total of 88 letters were sent to prescribers informing them of duplicate therapy. The result from this report have not been compiled as of yet.

Sedative Hypnotic Benzodiazepines- The focus of this RetoDUR review was to evaluate patients who have been taking a sedative hypnotic Benzodiazepines for greater than 35 days and to evaluate those patients taking doses higher than the recommended maximum daily dose. A total of 143 letters were sent to prescribers informing them of the prolonged duration and /or high dose of these agents that their patients were currently taking. Donna reported from the result that the prescriber considered it appropriate therapy.

Acetaminophen Overutilization- Acetaminophen is one of the most commonly used pain-relievers in the United States. It is available over-the-counter as well as in combination products with narcotics. Acetaminophen overdose is one of the leading causes of liver

failure. Because this is a potentially hazardous problem, the retroDUR reviewers were asked to review profiles for acetaminophen overutilization. RetroDUR profiles were generated for patients that exceeded a total daily dose of 4 grams acetaminophen. Letters were sent to prescribers whose patients were routinely exceeding the maximum limit. Overall 7% of the profiles reviewed warranted a letter to the prescriber. Because it is readily available in numerous products, health care professionals should pay close attention to the total of acetaminophen that their patients are taking.

RetroDUR Reviews In Progress- Donna will provide reports of estrogen use in patients with cardiovascular disease as well as reports on the use of anticoagulants and anticonvulsants at the November 2004 meeting.

Selection of Future RetroDUR Reviews – the following topics were identified as possible future RetroDUR reviews for the months between DUR Board meetings:

1. Review of asthmatics using beta-agonist rescue inhalers and not using an anti-inflammatory inhaler.
2. Medication and ER admission review of migraine patients. In particular, those patients with frequent use of an acute medication (e.g. triptans, narcotics, NSAIDs) and not receiving prophylactic treatment (e.g. anticonvulsants, beta blockers, etc).
3. Review of patients on medications that lower the seizure threshold (e.g. Wellbutrin)
4. Synagis Review – patients less than 3yo who got Synagis from Nov through April.
5. It was requested that at the November meeting, the issue of using recommended treatment guidelines for RetroDUR reviews be discussed.

Meeting was adjourned at 4:30 PM